

DEATH CERTIFICATE FAX ORDER FORM

Print this form, complete it and fax it to 206-622-0868

Decedent's Name: _____
(First Middle Last)

Date of death: _____ County/City _____ State _____

Funeral home: _____ ☐ Male ☐ Female

Relationship: ☐ Mother ☐ Father ☐ Other (please explain): _____

Reason for request: _____ Number of copies: _____

Ship Method: ☐ UPS overnight delivery (additional charges) ☐ Regular mail

Ship to name: _____

Address: _____

City, State, Zip: _____

Daytime phone with area code: _____

Credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit card number: _____ Expiration date: _____

Cardholder's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

Applicant's email: _____